

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **89/806302** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51									
2	1						52									
3	1						53									
4	1						54									
5	1						55									
6	1	3					56									
7	1						57									
8	1	1					58									
9	1						59									
10	1						60									
11							61									
12							62									
13							63									
14							64									
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41							91									
42							92									
43							93									
44							94									
45							95									
46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL IND.	7		1				TOTAL IND.									
TOTAL DEP.		3					TOTAL DEP.									
TOTAL CLAIMS	14		12				TOTAL CLAIMS									

BEST AVAILABLE COPY